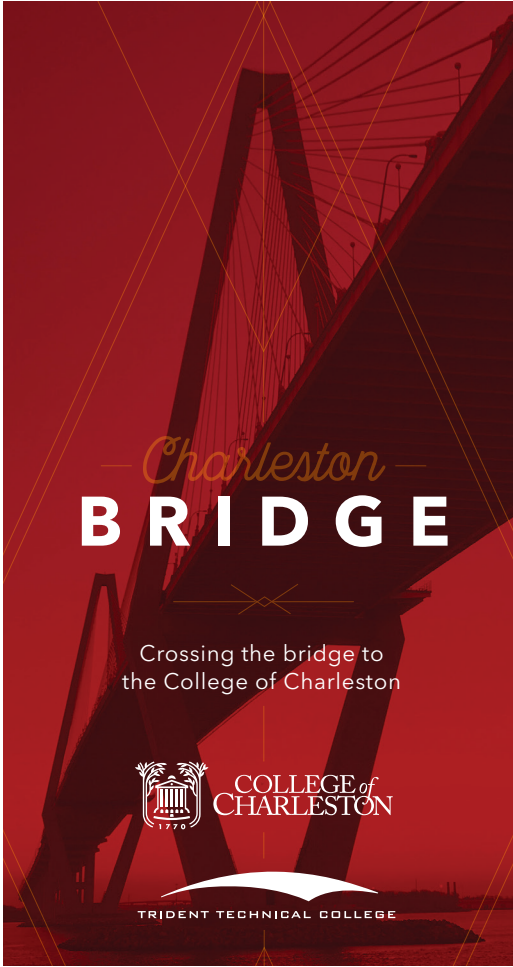


DECISION TIME

charlestonbridge@cofc.edu



DEPOSIT INSTRUCTIONS

PARTICIPATING IN CHARLESTON BRIDGE

If you plan to participate in the Charleston Bridge Program, **you must pay a \$300, nonrefundable deposit.** Participation is limited and will be allocated on a first-come, first-served basis. If you have questions, please contact us at **843.953.5670** or **charlestonbridge@cofc.edu**.

PAYMENT METHOD

BY MAIL: send a check made payable to College of Charleston and the completed form below to **Treasurer’s Office, College of Charleston, 66 George St., Charleston, S.C. 29424-0001.** Please note that although your deposit will be dated on the day it is received in the Treasurer’s Office, it may take up to two weeks for the check to be processed.

NOTE: The College of Charleston will not issue refunds once you have paid your deposit.

If your contact information changes, be sure to send the updated information to charlestonbridge@cofc.edu.

- YES**, I would like to participate in the Charleston Bridge Program for fall 2019 (enclosed is a **nonrefundable, \$300 deposit**).

Please note that your Charleston Bridge offer does not guarantee placement in the program. Although you have until May 1 to make a deposit, you should know that spaces are filled on a first-come, first-served basis, so we recommend that you secure your spot as soon as possible.

- NO**, I will not be participating in the Charleston Bridge Program. Please withdraw my application for admission. Complete the information in the line below and send it to us, or email the information to **admprocessing@cofc.edu**

I plan to attend _____
college/university city/state

I understand and agree to allow the College of Charleston and Trident Technical College to securely share academic, disciplinary, financial aid and any other relevant student information between the two institutions as a condition of participating in this program. Only school officials who have academic or administrative intent or a legitimate educational interest may access my records. I certify that I have read and understand all of the above information, that my deposit is nonrefundable, and that the information that I have provided is correct and complete.

student’s full name (print) _____ date _____

student signature _____ parent/legal guardian signature _____
18 or older if student is under the age of 18

If you have any general questions, please contact us at 843.953.5670 or charlestonbridge@cofc.edu.

CHARLESTON BRIDGE